

10/05

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**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

**SECTION A**

1. Company Name Wright & Lato, Inc
2. Permit Number if applicable: 05200002
3. Location: 800 Springdale Avenue  
East Orange, NJ Zip Code: 07017
4. Mailing Address SAME  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: Frank Sanchez  
Title: EHS Consultant Phone No. 973-985-0285  
Address PO Box 2358, Newark, NJ Zip code 07114
6. Number of Employees - Full Time: 60 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 240  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):  
Assessed Value: \_\_\_\_\_ 19 \_\_\_\_\_
8. If property is rented indicate name and address of owner:  
800 Springdale Avenue, Inc.  
800 Springdale Avenue, East Orange, NJ 07017  
Total square feet rented: 9100
9. List NJPDES Permit Number if applicable, NJG0146757 PI# 216587  
and  
Name of receiving Body of Water entered N/A (General Storm Water Permit)

360,000 • +  
798,000 • +  
42,000 • +  
003  
1,200,000 • \*

0 • A

300,000 • X

4 • =

1,200,000 • \*

0 • \*

**SECTION B****WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

☐ Y ☒ N

If Y, is it metered

Y-N

River

☐ Y ☒ N

If Y, is it metered

Y-N

11. Name of purchased water supplier: East Orange Water Com.List all Account #'s: E-2-320-71912. Water Received: From Mo. 07 Yr. 2004 Through Mo. 06 Yr. 2005

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	300,000*	0	0	300,000*
2 <sup>nd</sup> Qtr.	300,000*	0	0	300,000*
3 <sup>rd</sup> Qtr.	300,000*	0	0	300,000*
4 <sup>th</sup> Qtr.	300,000*	0	0	300,000*

**GRAND TOTAL** 1,200,000

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only	360,000*		
Process waste water	798,000*		
Cooling water	N/A		
Evaporation	42,000*		
Contained in the product			N/A
Other (describe)			N/A

**GRAND TOTAL** 1,200,000

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer      ☒ Y - ☐ N  
 To the Combined Sewer                Y - ☒ N  
 To the Storm Sewer                    Y - ☒ N  
 River or Ditch                            Y - ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	lcc #	Waste type handled
N/A			

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_  
 or intermittent   X   each operating day.

If the discharge is intermittent, it occurs between the following hours: 7AM-6PM

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

Molding and detailing of rings for jewelry

List SIC CODE #: 3911

18. Principal Raw Materials used: \_\_\_\_\_

Gold, silver, and platinum

19. Principal Products or Services: \_\_\_\_\_

Rings for jewelry purposes

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: \_\_\_\_\_

None

Does this facility shutdown for vacation(s)? Yes If so, is it basically the same

time each year. Yes Provide dates usually shutdown 1<sup>st</sup> week in July

Last week in December

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 Inline filter to recover precious metals

Outlet 2 Sanitary sewer only

Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
	<u>Waste</u>		
<b>1</b>	<b>Yes</b>	None	No
<b>2</b>	<b>No</b>	N/A	N/A

**SECTION D (continued)****23. Volume Information:**

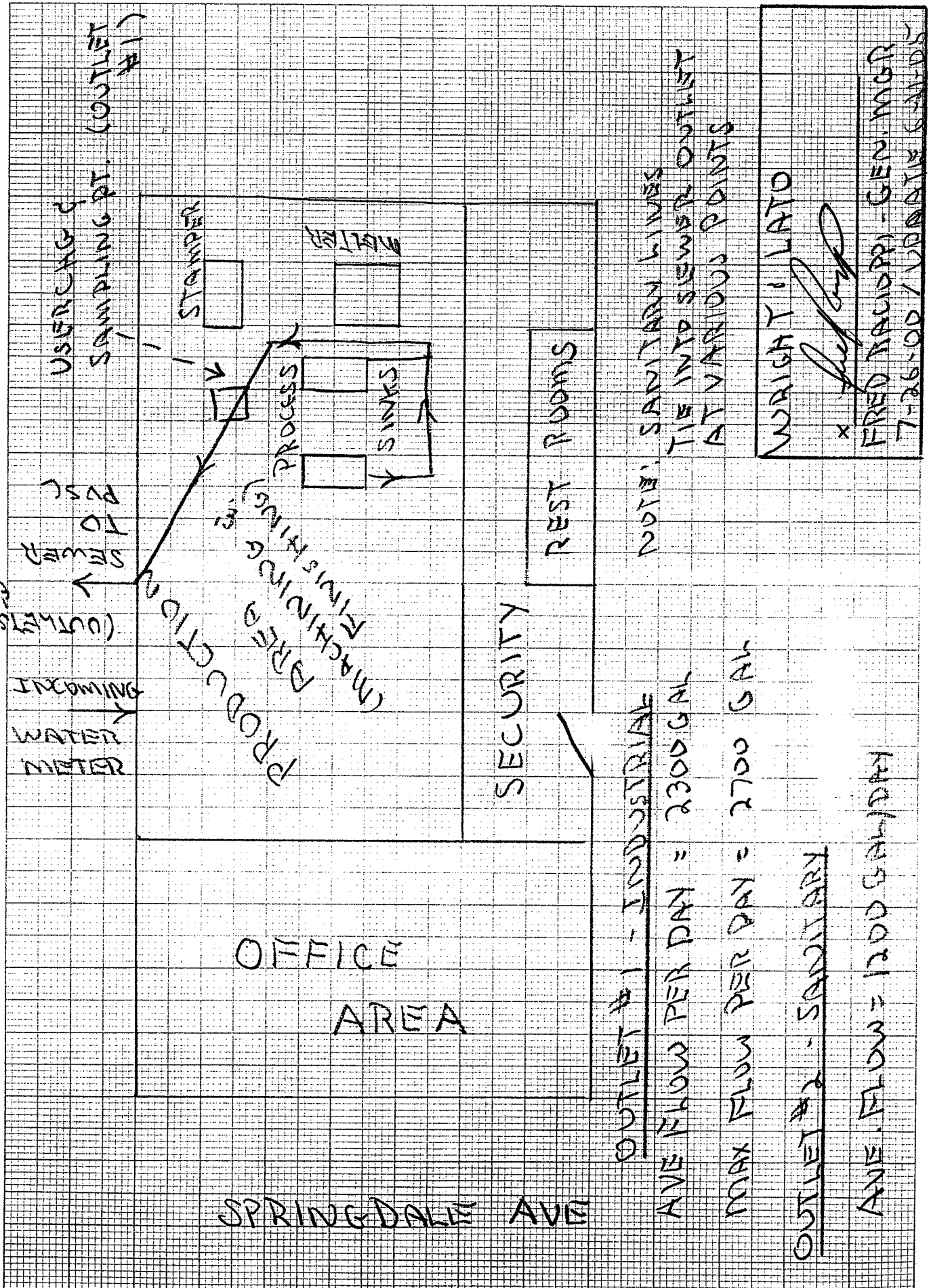
<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y – N)</u>	<u>Type</u>	<u>Date</u>
1	2500 (estimated)	No	N/A	N/A
2	1000 (est. sanitary only)	No	N/A	N/A
<hr/>				

**24. Frequency of calibration of each flow meter: N/A**

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**25. Attach plot plan of the property showing:**

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter (s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.





**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<b>Code</b>	<b>Parameter</b>	<b>Value</b>	<b>Code</b>	<b>Parameter</b>	<b>Value</b>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	2350	1002*	Arsenic (As)	
0505	Volatile Solids	1300	1022*	Boron(B)	
0530	Total Suspended Solids	540	1027	Cadmium (Cd)	0.78
0540	Volatile Suspended Solids	200	1034*	Chromium Total (Cr)	0.0103
0555	(1)(3) Petroleum Hydrocarbons	6.4	1042	Copper (Cu)	1.120
0310	Biochemical Oxygen Demand (BOD)	2230	1045*	Iron (Fe)	0.326
			1051	Lead (Pb)	0.0055
0340	Chemical Oxygen Demand (COD)	4680	0720*(3)	Cyanide (Cn)	<0.01
			1900	Mercury (Report to 0.XXX)	<0.00010
0680	Total Organic Carbon (TOC)	716	1067	Nickel (Ni)	0.191
			1147*	Selenium (Se)	
9000	pH(standard unit range)	8.36	1077*	Silver (Ag)	0.0319
0610	(1)Ammonia as N	28.2	1102*	Tin(Sn)	
0550	(1)(3) Total Oil &Grease	48.7	1092	Zinc(Zn)	0.280
0745*	(1) Sulfide		2730	Phenol	0.36
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e.. 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98



Mr. Fred Racioppi  
Wright & Lato  
800 Springdale Ave  
East Orange, NJ 07017

Report Date: 4/1/2005  
Lab Job Number: V022  
Lab Sample ID: 615499  
Date Sampled: 03/17/2005  
Date Received: 03/17/2005

Sample Description: PVSC WW (WL) - PVSC-Comp

	Results	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
<b>METALS</b>								
Cadmium	0.78	ug/l	0.40	200.7	--	190	03/22/2005	1.0
Chromium	10.3	ug/l	1.6	200.7	--	1710	03/22/2005	1.0
Copper	1120	ug/l	3.7	200.7	--	2070	03/22/2005	1.0
Iron	326	ug/l	39.2	200.7	--	--	03/22/2005	1.0
Lead	5.5	ug/l	2.6	200.7	--	430	03/26/2005	1.0
Mercury	<0.10	ug/l	0.10	245.1	--	80	03/22/2005	1.0
Nickel	191	ug/l	2.4	200.7	--	2390	03/22/2005	1.0
Silver	31.9	ug/l	1.4	200.7	--	240	03/22/2005	1.0
Zinc	280	ug/l	5.8	200.7	--	1480	03/22/2005	1.0
<b>WET CHEM</b>								
BOD	2230	mg/l	50.0	405.1	--	--	03/18/2005 11:15 AM	1.0
COD	4680	mg/l	10.0	410.4	--	--	03/19/2005	1.0
Ammonia	28.2	mg/l	2.0	350.1	--	--	03/22/2005	1.0
Total Organic Carbon	716	mg/l	10.0	415.1	--	--	03/24/2005	1.0
Total Phenols	0.36	mg/l	0.05	420.2	--	--	03/29/2005	1.0
Total Solids	2350	mg/l	10.0	160.3	--	--	03/24/2005	1.0
Total Suspended Solids	540	mg/l	25.0	160.2	--	--	03/18/2005	1.0
Total Volatile Suspended Solids	200	mg/l	25.0	160.4	--	--	03/21/2005	1.0
Volatile Solids	1300	mg/l	10.0	160.4	--	--	03/24/2005	1.0

Severn Trent Laboratories, NJ Lab Cert #: 12028

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V022

STL Edison

1



Mr. Fred Racioppi  
Wright & Lato  
800 Springdale Ave  
East Orange, NJ 07017

Report Date: 4/1/2005  
Lab Job Number: V022  
Lab Sample ID: 615500  
Date Sampled: 03/17/2005  
Date Received: 03/17/2005

Sample Description: PVSC WW (WL) - PVSC-Grab

Results	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
WETCHEM							
pH (Field Measured)	std unit	0.0	150.1	--	--	03/17/2005 09:15 AM	
Oil & Grease	mg/l	10.0	413.1	--	--	03/29/2005	1.0
Total Petroleum Hydrocarbons (418.1)	mg/l	12.5	418.1	--	100	03/24/2005	1.0
Total Cyanide	mg/l	0.01	335.3	--	.65	03/30/2005	1.0

# STL EDISON

**777 New Durham Road  
Edison, New Jersey 08817  
Phone: (732) 549-3900 Fax:**

## CHAIN OF CUSTODY / ANALYSIS REQUEST

**PAGE 1 OF 1**

[illegible]

Specimen Instructions		* Metals - Cd Cr Cu Fe Pb Hg Ni Ag Zn		Water Metals Filtered (Yes/No)?	
Relinquished by	Company	Date / Time	Received by	Company	
Relinquished by	Company	Date / Time	Received by	Company	
Relinquished by	Company	Date / Time	Received by	Company	
Relinquished by	Company	Date / Time	Received by	Company	
Relinquished by	Company	Date / Time	Received by	Company	

**STL-6003**

3

**SECTION E (continued)**Samples collected by: Severn Trent LabsDate: 03-17-05Sample analyzed by: Severn Trent LabsDate: 03-17-05

Products being manufactured when sample was collected: \_\_\_\_\_

Rings for jewelry

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_

Severn Trent labs28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y – N YES

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Severn Trent labs

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use.

If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y – N YES

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 &amp; 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: 40CFR433

Subpart (s): A

33. Compliance date(s): N/A

34. Is facility in compliance? YES If not, and if compliance date has passed,  
explain actions being taken to get into compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: Pending

36. Compliance schedule submitted: N/A

If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met:  
\_\_\_\_\_  
\_\_\_\_\_

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)

If yes, describe NO

38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?

If yes, describe NO

39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal  
Regulations for the nature of its wastewater discharge? Y - N NO

40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by  
NJDEP: \_\_\_\_\_

Is there any plan to discharge groundwater?

NO

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride			X	
1,1,dichloroethane			X		(chloromethane)			X	
1,1,2 trichloroethane			X		methyl bromide			X	
1,1,2,2 tetrachloroethane			X		(bromomethane)			X	
chloroethane			X		bromoform(tribromomethane)			X	
bis(chloromethyl) ether			X		dichlorobromomethane			X	
bis(2 chloroethyl) ether			X		trichlorofluoromethane			X	
2-chloroethyl vinyl ether mixed			X		dichlorodifluoromethane			X	
2-chloronaphthalene			X		chlorodibromomethane			X	
2,4,6, trichlorophenol			X		hexachlorobutadiene			X	
parachlorometa cresol			X		hexachlorocyclopentadiene			X	
Chloroform (trichloromethane)			X		isophorone			X	
2 chlorophenol			X		naphthalene			X	
1,2, dichlorobenzene			X		nitrobenzene			X	
1,3, dichlorobenzene			X		2-nitrophenol			X	
1,4, dichlorobenzene			X		4-nitrophenol			X	
3,3, dichlorobenzidine			X		2,4-dinitrophenol			X	
1,1 ,dichloroethylene			X		4,6 dinitro-o cresol			X	
1,2 trans-dichloroethylene			X		N-nitrosodimethylamine			X	
2,4,dichlorophenol			X		N-nitrosodiphenylamine			X	
1,2, dichloropropane			X		N-nitrosodi-n-propylamine			X	
1,3, dichloropropylene			X		pentachlorophenol			X	
(1,3 dichlor propene)			X		phenol	X			

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE I EPA PRIORITY POLLUTANTS(continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
Diethylphthalate			X		BHC Alpha			X	
Dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BUC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
Chrysene			X		PCB1221			X	
Acenaphthylene			X		PCB1232			X	
Anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
Fluorine			X		PCB1016			X	
Phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony(total)			X	
indeno (1.2.3-c,d) pyrene			X		Arsenic (total)			X	
Pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
Toluene			X		cadmium (total)	X			
trichloroethylene			X		chromium (total)	X			
vinyl chloride			X		copper (total)	X			
aldrin			X		cyanide (total)	X			
dieldrin			X		lead (total)	X			
chlordane			X		mercury (total)	X			
4,4 DDT			X		nickel (total)	X			
4,4, DDE			X		selenium (total)				X
4,4. DDD			X		silver (total)	X			
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)	X			
endosulfan sulfate			X		2,3,7,8 tetrachlorodibenzo			X	
					p-dioxin			X	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**



**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1 -dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis			X	
					(2-chloroaniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloroaniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2-phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan I (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylydines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-d (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine					2,4,5-t (2,4,5-trichloro-phenoxy acetic acid)			X	
dinitrobenzene					TDE (tetrachloro- diphenylethane)			X	
diquat					2,4,5-tp 2(2,4,5- trichlorophenoxy			X	
disulfoton					trichlorofon			X	
diuron					triethylamine			X	
epichlorohydrin					trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES (CONTINUED)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate			X	
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium			X	
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Fred Racioppi

Print Name

TITLE: General Manager

6-21-05

DATE

X 

SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Wright & Lato, Inc.

Name of Applicant

**TRADE NAME:** Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Wright & lato, Inc.

Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

☐

Sole proprietorship

☐

Trust

☐

Partnership

☐

Joint Venture

☐

Limited Partnership

☐

Non-Profit Corporation

☒

Corporation

☐

Limited Liability Company

☐

Other (describe)

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Greg Clapper

Street Address: 31G Half Moon Isle

City, State & Zip Code: Jersey City, NJ

Business Telephone: 973-674-8700

Emergency Telephone: 201-333-3161

**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: CT Corporation

Company Name: same

Street Address: 111 8th Avenue

City, State & Zip Code: NYC, NY 10011

**DATE AND PLACE OF Incorporation / FORMATION:** Identify the state where the Corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: Delaware

Date: August 1983

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: August 1983

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

**FORM OF PARTNERSHIP:** Check One.

☒ General partnership

☐ Limited Partnership

**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**SECTION FOUR**

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture - such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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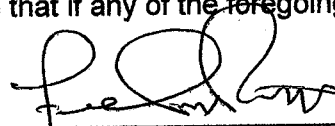
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**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PER:MJT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: 6-21-05

X 

Signature

Fred Racioppi, General Manager  
Print Title & Position

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Wright & Lato, Inc.

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Wright & Lato, Inc.

Trade Name/Fictitious Name



2 of 3

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                          |                     |                          |                           |
|--------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/> | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Pro fit Corporation   |
| X                        | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Greg Clapper

Street Address: 31G Half Moon Isle

City, State & Zip Code: Jersey City, NJ

Business Telephone: 973-674-8700 Emergency Telephone: 201-333-3161

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>none</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>none</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

**30f13**

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
none			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: CT Corporation System

Company Name: SAME

Street Address: 111 8th Avenue

City, State & Zip Code: NYC, NY 10011

Telephone: \_\_\_\_\_  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: Delaware, USA

Date: August 1983

Certificate of Incorporation No.:

Copy of certificate of incorporation attached?      Yes      No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: August 1983

40fl3

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Hans Clapper Telephone: 973-674-8700

Business address: 800 Springdale Ave East Orange NJ

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>CHAIRMAN</u>	<u>1983</u>	<u>7.26.1917</u>

Name: Greg Clapper Telephone: \_\_\_\_\_ (area code)

Business address: SAME AS ABOVE

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Pres.</u>	<u>1986</u>	<u>5.16</u>

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (area code)

Business address:

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
_____	_____	_____

Page 1/2

50fl3

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

**Name and last known address:**

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

**SECTION THREE**

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Hans Clapper

Street Address: 800 Springdale Ave

City, State & Zip Code: East Orange NJ Bus. Phone 973-674-8700

Name: Breg Clapper

Street Address: 800 Springdale Ave

City, State & Zip Code: East Orange NJ 07017 Bus. Phone 973-674-8700

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

**SECTION FOUR**

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

page 2/2

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

**Name and last known address:**

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

**SECTION THREE**

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Roy Praven

Street Address: 1250 Broadway

NY NY  
City, State & Zip Code: 10001 Bus. Phone 212-594-9400

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

**SECTION FOUR**

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

60fl3

**TYPE OF ASSOCIATION:** Check One☐ General Partnership☐ Limited Partnership☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**FORMER PARTNERS/JOINT VENTURERS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates during which individual was partner: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates during which individual was partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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Type (trust, trade association; estate; etc.)

Copy attached?      ☐ Yes      ☐ No

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**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use **additional copies of this section as necessary.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.



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**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Wright & Lato, Inc Date Issued: Spring 2004

Address of alleged violation: 800 Springdale Ave., East Orange, NJ 07017 Type of notice: NOV

Alleged violation: Failure to apply for Storm water permit

Disposition & explanation: applied and rec'd NJDEPS permit

Name of issuing agency: NJDEP Docket No. N/A

Name of entity cited: Wright & Lato, Inc Date Issued: December 2000

Address of alleged violation: 800 Springdale Ave., East Orange, NJ 07017 Type of notice: NOV

Alleged violation: Cu & Cr >20% beyond limit

Disposition & explanation: corrected filtration system, paid \$1000 fine

Name of issuing agency: PVSC Docket No. N/A

Name of entity cited: Wright & Lato, Inc Date Issued: March 2000

Address of alleged violation: 800 Springdale Ave., East Orange, NJ 07017 Type of notice: NOV

Alleged violation: Sewer permit requirement or certification

Disposition & explanation: applied and received a sewer permit

Name of issuing agency: PVSC Docket No. N/A

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use **additional copies of this section as necessary.**

NONE

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

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**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use **additional copies of this section as necessary.**

NONE

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

NONE

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

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## SECTION SEVEN

### OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

- A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

NONE

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_

Date judgment  
entered: \_\_\_\_\_

Nature of  
suit: \_\_\_\_\_

Amt./terms of  
judgment: \_\_\_\_\_

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Nature of  
suit: \_\_\_\_\_

Status: \_\_\_\_\_

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## SECTION EIGHT

### CRIMINAL CHARGES AND CONVICTIONS

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

NONE

Name of entity  
charged/convicted: \_\_\_\_\_

Description of crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

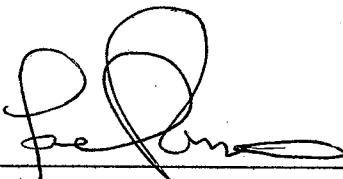
13 of 13

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 6-21-05

X   
Signature

Fred Racioppi, General Manager  
Print Title & Position



Passaic Valley  
Sewerage Commissioners

~Established 1902~

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

DONALD TUCKER  
Chairman

CARL S. CZAPLICKI, JR.  
Vice Chairman

ANTHONY W. ARDIS  
FRANK J. CALANDRIELLO  
ALAN C. LEVINE  
ANTHONY J. LUNA  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
THOMAS J. POWELL  
Commissioners

BRYAN J. CHRISTIANSEN  
Executive Director

JAMES KRONE  
Deputy Executive Director

JOSEPH FERRIERO  
Chief Counsel

LOUIS LANZILLO  
Clerk

**RECEIPT**

Received From Wright & Lato Inc.

Amount of Payment \$750.00 Date of Payment 6/24/05

A/ Violation (VIO) – Effluent \_\_\_\_\_ \$ \_\_\_\_\_

B/ Violation (VIO) – Late Report \_\_\_\_\_ \$ \_\_\_\_\_

C/ Civil Actions (LEGAL) \_\_\_\_\_ \$ \_\_\_\_\_

D/ Application Fee (AF) \_\_\_\_\_ \$ 750.00

E/ Letter of Authorization Fee (LOA) \_\_\_\_\_ \$ \_\_\_\_\_

F/ Permit Fee (PF) \_\_\_\_\_ \$ \_\_\_\_\_

G/ CID Treatment Fee (CID) \_\_\_\_\_ \$ \_\_\_\_\_

H/ Supplemental User Charge Fee (SUC) \_\_\_\_\_ \$ \_\_\_\_\_

I/ One Time Groundwater Discharge (GWD) \_\_\_\_\_ \$ \_\_\_\_\_

J/ Other (FEES) \_\_\_\_\_ \$ \_\_\_\_\_

Payment received by:

Signature Heather Carol

Amount 750.00 Date 6/24/05

WRIGHT & LATO, INC. 800 SPRINGDALE AVENUE EAST ORANGE, NJ 07017 • (973) 674-8700 FAX (973) 674-6964 051772

Invoice #	Invoice Date	Invoice Total	Paid	Discount	Allowance	Gross Paid
20050623	06/22/2005	750.00	750.00			750.00

INDUSTRIAL	890
81100	81150
81200	81200
JUN 24 2005	
81250	82050
82100	82100

THIS DOCUMENT CONTAINS ULTRAVIOLET FIBERS, A COLORED BACKGROUND, MICRO PRINTING AND AN ARTIFICIAL WATERMARK ON THE REVERSE SIDE

**WRIGHT & LATO, INC.**  
800 SPRINGDALE AVE  
EAST ORANGE, NJ 07017

57-1/115  
FLEET BANK  
PROVIDENCE, RI 02903

051772

seven hundred fifty and xx / 100

DATE 06/22/2005

\$750.00

PAY TO THE ORDER OF

PASSAIC VALLEY SEWERAGE COMMISSIONS

*[Signature]*

AUTHORIZED SIGNATURE

MP

MP

11051772 10150001010 552998711